Black HAWK

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Veeder for Auditor

COMMITTEE NAME (Must be same as on Statement of Organization)

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party

IMPORTANT: Indicate by # type of committee you are reporting for: 5

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all CAMPAIGN DISCLOSURE BOSTSTATEMENTS and reports filed by all committees statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2012 JUL 16 AM 10: 09

Scannez **FORM** DR-2 DISCLOSURE (Rev. 12/2009) REPORT

(4) County Central Committee (5) County Candidate (6) City Subdivision Candidate (8) County PAC (9) City PAC (10) Sci 11) Local Ballot Issue	Candidate (7) School Board or Other De	litical PAC (For Office Use Only Comm. # 170
CANDIDATE COMMITTEES ONLY: Candidate Name Grant Veeder	Political Party (if applicable Democratic	e)	comm.# 1708 cogged In TA
Office Sought County Auditor	District (if Senate or House		audited
Late reports are subject to possible civil and criminal penalties candidate's committee, and the chairperson, for any other type	e of committee, is the individual respon	sible for filing	AA.401(3), the candidate, for a timely and accurate reports.
SIGNATURE OF PERSON FUNDO	319-233-508	22	7/14/12
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
AM FILING A July 19	REPORT FOR (1) ELECTI	ION /(2)NON.	ELECTION VEAD
(report date)	Indicate		ELECTION TEAM.
CHECK IF AMENDMENT TO REPORT DATED			mittees, enter Date of Election
Charles the contract of the	part of the second	Local Coll	imittees, enter Date of Election
☐ Check if this is final (termination) report and attach Not (You must continue to file reports until a DR-3 is	ice of Dissolution Form DR-3. filed.)	County & I which Elec Black H	ocal Committees, enter County in a tion is held awk
STATEMENT OF CASH ON HA	AND		
cash on hand at the beginning of the reporting period. committee. This amount MUST be the same as of the last reporting period or must be zero if this	(Total of all funds held by the	•	113.14
ADD TOTAL MONEY TAKEN IN THIS PERIOD		Φ	
Schedule A: Cash Contributions total (Attach Sc			860.00
Schedule F: Loans Received total (Attach Sched	dule F)	*************	0.00
Schedule H: Total Sales of Campaign Property (0.00
(Schedule H applies to Candidates' C			
	SUB-TOTAL	s	973.14
SUBTRACT TOTAL MONEY SPENT THIS PER		•	
Schedule B: Expenditures total (Attach Schedule	B) (**also see debts and loans below	w)	45.00
Schedule F: Loan Repayments total (Attach Sch	edule F)		0.00
ASH ON HAND at the end of this reporting period (if final	report balance must be zero)	\$	928.14
*UNPAID BILLS (From Schedule D - Attach Schedule D).	AND METALLIC PROPERTY AND ADDRESS OF THE PARTY		0.00
N KIND CONTRIBUTIONS (From Schedule E - Attach	chedule E)	Φ	
OUTSTANDING LOANS (From Schedule F - Attach Sche	edule F)	Ф	<u>260.96</u> <u>0.00</u>
ONSULTANT BREAKDOWN (Schedule G Attached?)	,	Φ	
ANDIDATE COMMITTEES ONLY:			YES ✓ NO
ALUE OF CAMPAIGN PROPERTY (From Schedule H -	Attach Schedule H)	\$	0.00
TATE COMMITTEES: Submit a reconciled campaign acc			

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(including candidate's personal funds)	
	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Veeder for Auditor	, , , , , , , , , , , , , , , , , , , ,

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
06/19/12	ID# CK#	Louis Fettkether 3823 Tami Drive, Waterloo, IA 50702		\$75.00	1
06/14/12	ID# CK#	Wayne Jarvis 1930 W. 18th St., Cedar Falls, IA 50613		\$100.00	/
06/28/12	ID# CK#	Corrine Anderson 411 S. Greene St., Boone, IA 50036	sister	\$50.00	1
07/03/12	ID# CK#	Chad Hoffman 147 Graceline Blvd., Waterloo, IA 50701		\$20.00	/
07/03/12	ID# CK#	Mike Carroll 925 Bourland Ave., Waterloo, IA 50702		\$20.00	/
07/03/12	ID# CK#	Jim Gerrans 102 Sunset Rd., Waterloo, IA 50701		\$10.00	
07/03/12	ID# CK#	Doug Castenson 124 Graceline Blvd., Waterloo, IA 50701		\$20.00	1
07/03/12	ID# CK#	Dean Peterson 124 Graceline Blvd., Waterloo, IA 50701		\$20.00	1
07/03/12	ID# CK#	Larry Hamilton 4017 Fieldstone Blvd., Cedar Falls, IA 50613		\$100.00	✓
07/03/12	ID# CK#	Micalea Lorenz 1141 Independence Ave., Waterloo, IA 50703		\$50.00	✓
			SUB-TOTAL	\$ 465.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3 (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

DATE I PACID NUMBER I

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization) Veeder for Auditor

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NAME AND ADDRESS OF CONTRIBUTO

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
07/03/12	ID# CK#	Brian Quirk 245 Alta Vista Dr., Waterloo, IA 50703		\$50.00	1
07/03/12	ID# CK#	Karen Miller 4213 W. Shaulis Rd., Cedar Falls, IA 50613		50.00	1
07/03/12	ID# CK#	Steve Sinnott 327 Sunset Rd., Waterloo, IA 50701		50.00	1
07/03/12	ID# CK#	Marguerite Graham 129 Graceline Blvd., Waterloo, IA 50701		50.00	1
07/03/12	ID# CK#	William Shepherd 1522 W. Ridgewood Dr., Cedar Falls, IA 50613		25.00	1
07/03/12	ID# CK#	Dick DeWater 930 2nd Ave., Evansdale, IA 50707		25.00	1
07/03/12	ID# CK#	Don Shoultz 295 Kenilworth Rd., Waterloo, IA 50701		25.00	1
07/03/12	ID# CK#	Kathleen Lind 172 Graceline Blvd., Waterloo, IA 50701		15.00	/
07/03/12	ID# CK#	Elizabeth Conklin 2113 Green Creek Rd., Cedar Falls, IA 50613		20.00	1
07/03/12	ID# CK#	Debra Shoopman 335 Randolph St., Waterloo, IA 50702		20.00	1
		-	SUB-TOTAL		-

TOTAL (if last page of this schedule)

of 3Page (for Schedule A)

330.00

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization) Veeder for Auditor	CK THIS BOX IF NDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
07/03/12	ID# CK#	Thomas Euchner P.O. Box 413, Fairfax, IA 52228		\$15.00	✓
07/06/12	ID#	Karin Leonard		25.00	
07/00/12	CK#	2109 Tremont St., Cedar Falls, IA 50613		23.00	
07/07/12	ID#	Rebecca Saice 160 Graceline Blvd., Waterloo, IA 50702		25.00	/
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
ur-ell-	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	05.00	-

TOTAL (if last page of this schedule)

of 3(for Schedule A)

65.00

860.00

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

Reset Form

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME	(Must be	same as	s on	Statement	of	Organization)
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Veeder for Auditor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
06/26/12	ID# CK#	Waterloo Post Office Waterloo, IA 50704	Stamps	\$ 45.00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTA	L \$ 45.00

THIS BOX APPLIES TO CANDIDATES'	COMMIT	TEES	ONLY	:
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

1	1	
Page 1	of 1	
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\$ 45.00

TOTAL (if last page of this schedule)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Veeder for Auditor	

Reset Form

SCHEDULE E IN-KIND (Rev. 06/97) CONTRIBUTIONS		17081
	SCHEDULE	IN KIND
	Been	
	Been	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
06/08/12	Kim Veeder 135 Graceline Blvd., Waterloo, IA 50701	Wife	card stock	5.48	✓
06/11/12	Grant Veeder 135 Graceline Blvd., Waterloo, IA 50701	Self	stamps	32.00	✓
06/22/12	Kim Veeder 135 Graceline Blvd., Waterloo, IA 50701	Wife	thank you cards	2.48	/
07/03/12	Kim Veeder 135 Graceline Blvd., Waterloo, IA 50701	Wife	food	100.00	1
07/03/12	Kim Veeder 135 Graceline Blvd., Waterloo, IA 50701	Wife	beverages	60.00	/
07/03/12	Grant Veeder 135 Graceline Blvd., Waterloo, IA 50701	Self	ice	25.00	✓
07/03/12	Susan Padget 153 Linwood Ave., Waterloo, IA 50702	sister-in-law	food	21.00	V
07/03/12	Ann Padget 153 Linwood Ave., Waterloo, IA 50702	mother-in-law	food	15.00	✓
			SUB-TOTAL	\$	1

schedule)

TOTAL (if last page of this

> Page _1 of 1 (for Schedule E)

260.96

260.96

^{*}Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.